



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
**APPLICATION FOR SURRENDER OF TITLE OR MANUFACTURER'S
CERTIFICATE OF ORIGIN (MCO)**

FORM
5315
(REV. 02-2011)

☐ TITLE ☐ MCO (Check the appropriate box and attach the document being surrendered)

OWNER NAME		RESIDENTIAL ADDRESS	
MAILING ADDRESS		CITY	STATE ZIP

MANUFACTURED HOME INFORMATION

NAME OF MANUFACTURER		DIMENSIONS OF THE HOME	DATE OF PURCHASE	HOME IS: <input type="checkbox"/> NEW <input type="checkbox"/> USED
MODEL YEAR	MAKE	MODEL NAME	MANUFACTURER'S SERIAL NUMBER OF THE MANUFACTURED HOME	

PURCHASE PRICE OR DECLARED VALUE OF THE MANUFACTURED HOME _____

PREVIOUS OWNER INFORMATION

PREVIOUS OWNER'S NAME AND STREET ADDRESS	CITY	STATE	ZIP
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STATEMENT OF FACTS REGARDING CERTIFICATE OF TITLE

I HEREBY STATE THE FOLLOWING: (PLACE INITIALS IN APPLICABLE BOXES)

☐ The following facts are known by me which affect the validity of the title to the manufactured home referenced above (attach a separate exhibit if more space is needed).

☐ I am not aware of any facts or information that could affect the validity of the title of the manufactured home or the existence or nonexistence of a security interest in or lien on it.

LIENHOLDER(S) INFORMATION (IN ORDER OF PRIORITY)

LIENHOLDER NAME	ADDRESS
LIENHOLDER NAME	ADDRESS

PARTIES REQUESTING WRITTEN ACKNOWLEDGEMENT OF SURRENDER

NAME	ADDRESS
NAME	ADDRESS

Under the penalties of perjury, I hereby affirm that the information contained in this application is true and accurate.

APPLICANT'S SIGNATURE PRINTED NAME DATE

NOTARY SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	